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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	7509970 Rev. 4-95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2903 PCT/US		
			First Named Inventor	Peter KEMPERS		
			COMPLETE IF KNOWN			
			Application Number			
			Filing Date			
			Group Art Unit			
		Examiner Name				
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing						
As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. (I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ACYL RIBONUCLEOSIDES AND ACYL DEOXYRIBONUCLEOSIDES (Title of the Invention) the specification of which <input type="checkbox"/> is attached hereto OR <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) 10/23/2004 as United States Application Number or PCT International Application Number PCT/EP2004/011990 and was amended on (MM/DD/YYYY) (if applicable) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.55. I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 351(b) of any foreign application(s) for patent or inventor's certificate, or § 351(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
EP 03292735.2	EP	11/03/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.						
I hereby claim the benefit under Title 35, United States Code § 119(a) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.				

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DECLARATION				Page 2	
<small>I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365 of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</small>					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
	PCT/EP2004/011990	10/23/2004			
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.					
<small>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:</small>					
<input checked="" type="checkbox"/> <small>Fill in Name OR</small> 23657 <small>Customer Number or label</small> 					
<input type="checkbox"/> <small>List Attorney(s) and/or agent(s) name and registration number below:</small>					
<small>Name</small>		<small>Registration Number</small>		<small>Name</small>	
<input type="checkbox"/> Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.					
<small>Please direct all correspondence to:</small> <input checked="" type="checkbox"/> <small>Customer Number or label</small> 23657 <small>OR</small> <input type="checkbox"/> <small>Fill in correspondence address below</small>					
<small>Name</small>					
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<small>Country</small>					
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<small>Fax</small>					
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>					
Name of Sole or First Inventor: <input type="checkbox"/> <small>A petition has been filed for this unsigned inventor</small>					
<small>Given Name</small>	Peter	<small>Middle Initial</small>		<small>Family Name</small>	KEMPERS
<small>Inventor's Signature</small>					<small>Date</small>
<small>Residence: City</small> Grevenbroich <small>State</small> <small>Country</small> Germany <small>Citizenship</small> German					
<small>Post Office Address</small> An den Pappeln 22					
<small>Post Office Address</small>					
<small>City</small> 41516 Grevenbroich <small>State</small> <small>Zip</small> <small>Country</small> Germany <small>Applicant Authority</small> 					
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Philippe	Middle Initial		Family Name	MOUSSOU	Suffix e.g. Jr.			
Inventor's Signature					Date				
Residence: City	Nancy	State			Country	France	Citizenship	French	
Post Office Address	14, rue de Marsai								
Post Office Address									
City	54000 Nancy	State			Zip			Country	France
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Louis	Middle Initial			Family Name	DANOUX	Suffix e.g. Jr.		
Inventor's Signature					Date				
Residence: City	Saulxures Les Nancy	State			Country	France	Citizenship	French	
Post Office Address	12, rue de Bretagne								
Post Office Address									
City	54420 Saulxures Les Nancy	State			Zip			Country	France
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Sabine	Middle Initial			Family Name	BOTH	Suffix e.g. Jr.		
Inventor's Signature					Date				
Residence: City	Duesseldorf	State			Country	Germany	Citizenship	German	
Post Office Address	Neustaedter Weg 23								
Post Office Address									
City	40229 Duesseldorf	State			Zip			Country	Germany
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Carsten	Middle Initial			Family Name	BEVERUNGEN	Suffix e.g. Jr.		
Inventor's Signature					Date				
Residence: City	Duesseldorf	State			Country	Germany	Citizenship	German	
Post Office Address	Nixenstrasse 22								
Post Office Address									
City	40581 Duesseldorf	State			Zip			Country	Germany
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet									
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name		Gilles				Middle Initial				Family Name		PAULY				Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City		Nancy				State				Country		France				Citizenship		French	
Post Office Address										5, rue de Begonias									
Post Office Address																			
City		54000 Nancy				State				Zip		France				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip						Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.			
Inventor's Signature										Date									
Residence: City						State				Country						Citizenship			
Post Office Address																			
Post Office Address																			
City						State				Zip						Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																			